

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Defend Louisiana PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00616128</div>		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div></div>					
Full Name of Payee EF Business Center			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">12 / 10 / 2016</div><div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div></div>		
Mailing Address 1631 Elysian Fields			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;">28875.65</div>		
City State Zip Code New Orleans LA 70117		Transaction ID : SE.5005 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">12 / 10 / 2016</div><div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div></div>			
Purpose of Expenditure Mailers		Category/ Type 004			
Name of Federal Candidate KENNEDY, JOHN NEELY, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
Full Name of Payee Last Word Strategies			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">12 / 10 / 2016</div><div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div></div>		
Mailing Address 4148 Palm Street			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;">8300.00</div>		
City State Zip Code Baton Rouge LA 70808		Transaction ID : SE.5006 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">12 / 10 / 2016</div><div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div></div>			
Purpose of Expenditure Digital Ad Consulting		Category/ Type 004			
Name of Federal Candidate CAMPBELL, FOSTER LONNIE II, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;">37175.65</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between;"><div style="width: 40%;">Townsend, Taylor, , , Signature</div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 20%; text-align: center;">Date</div><div style="width: 20%; text-align: center;"><div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">12 / 12 / 2016</div><div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div></div></div></div>					

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(Schedule E)

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FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) Defend Louisiana PAC		FEC IDENTIFICATION NUMBER ▼ C C00616128	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Last Word Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 10 / 2016	
Mailing Address 4148 Palm Street		Amount 8300.00	
City Baton Rouge	State LA	Zip Code 70808	Transaction ID : SE.5007
Purpose of Expenditure Digital Ad Consulting	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 12 / 10 / 2016	
Name of Federal Candidate KENNEDY, JOHN NEELY, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 313600.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	8300.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	45475.65

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Townsend, Taylor, , ,

[Electronically Filed]

Date

MM / DD / YYYY
12 / 12 / 2016

Signature